

### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/21/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> : NJD986643898

FACILITY NAME -> HERR FOODS INC

MAILING ADDRESS -> PO BOX 300

NOTTINGHAM, PA 19362

INSTALLATION ADDRESS -> 801 BREMEN AVE

EGG HARBOR, NJ 08215

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278** 

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH **RCRA NOTIFICATIONS** 

TO: MORAN, STEVE PLT ENGR HERR FOODS INC PO BOX 300 NOTTINGHAM, PA 19362 Please reter to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Acr).

& EPA

### Notification of Regulated Waste Activity

NOV 16 REC'D

Date Received

(For Official Use Only)

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	
A. First Notification  B. Subsequent Notification  (complete item C)  C. Installation's EPA ID Number  N D 0 8 4 4 4 3 8	98.
II. Name of installation (Include company and specific site name)	
HERR FODDS INC	
III. Location of Installation (Physical address not P.O. Box or Route Number)	
Street Clark Constant	
Street (continued)	
Street (Contained)	
City or Town State ZIP Code	
EGG HARBOR NJO8215-	
County Code County Name	
AT/AWT/C	
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	
POBOXISOCI	
City or Town State ZIP Code	
NOTITINGHAM   PA / 9362 - 1	
V. Installation Contact (Person to be contacted regarding waste activities at site)	
Name (last) (first)	
MORAN	
Job Title Phone Number (area code and number)	
PLANT BNG! NEER 215-932-9330	
VI. Installation Contact Address (See instructions)	
A. Contact Address B. Street or P.O. Box	
A. Contact Address B. Street or P.O. Box Location Malling  POBOX  300	11_
X PO BOX 300	
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Clty or Town  Clty or Town  State ZIP Code  PA 19362 -  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner	
City or Town  City or Town  State ZIP Code  PA 19362 -  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  HERR FOODS INC	
City or Town  City or Town  State ZIP Code  PA 19362 -  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  HERR FOODS INC	
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Clty or Town  Clty or Town  State ZIP Code  PA 19362 -  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  HERR FOODS TNC  Street, P.O. Box, or Route Number  PO: BOX 300  City or Town  State ZIP Code  PA 19362 -	ngcd)

	NOV 16 REC'D NISTO	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (M.		1 1134 44 9 8 7 8
A. Hazardous Will  1. Generator (See Instructions)  a. Greater than 1000kg/mo (2.200 lbs.)  b. 100 to 1000 kg/mo (220 - 2.200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 be a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Highway  4. Water  5. Other - specify  IX. Description of Regulated Wastes (Use	3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.  4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control additional sheets if necessary)	B. Used Oil Fuel Activities  1. Off-Specification Used Oil Fuel  2. Generator Marketing to Burner  5. Other Markerer  C. Burner - indicate device(s) - Type of Combustion Device  1. Utility Boiler  2. Industrial Boiler  3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
A. Characteristics of Nonlisted Hazardous Was wastes your installation handles. (See 40 CFR 1. Ignitable 2. Corrosive 3. Reactive 4. E (D001) (D002) (D003) (I	(Ust specific EPA hazardous waste nu	mber(s) for the EP Toxic contaminant(s))
C. Other Wastes. (State or other wastes requiring  1  2  X. Certification  I certify under penalty of law that I have p	ersocally examined and am familiar with	the information submitted in this
obtaining the Information, I believe that that there are significant penalties for imprisonment.	pases on my inquiry of those individu. The submitted information is true, accu	als immediately responsible for
	TEUR MORAN PLANT ENGINE	
XI. Comments		
Note: Mail completed form to the appropriate EP	A Regional or State Office. (See Section III of to	he booklet for addresses.)

#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

November 27, 1992

Steve Moran Herr Foods Inc PO Box 300 Nottingham, PA 19362

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

# USEPA - REGION II AIR AND WASTE MANAGEMENT DIVISION HAZARDOUS AND SOLID WASTE PROGRAMS BRANCH 26 FEDERAL PLAZA, ROOM 1006 NEW YORK, NEW YORK 10278 TELEPHONE NO. 212-264-3384

Please note that we cannot process your request until the corrected and/or additional information is provided to us. If you have any specific questions questions regarding your submission, please call (212) 264-2014. Thank you for your cooperation.

Sincerely yours,

Norman Rost, Program Management Coordinator Air and Waste Management Division

**Enclosures** 

SYMBOL=>	2AWM-PMC					
SURNAME=>	Norm Rost					
DATE=>	MIK					

DATE: 11-20-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

## CHECKLIST OF REASONS NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12 CANNOT BE PROCESSED

Facility Name	HERR GODS INC
1)	Name of Installation is incomplete.
2)	Location of Installation is insufficient.  Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
3)	Installation Mailing Address is incomplete.
4)	Ownership information is incomplete.
5)	Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete and/or needs further clarification.
n te l' 152 (155 Carl	Mode of Transportation has been indicated. However, Box a or b of Activity No. 2, Transporter, has not been marked.  Please indicate purpose of transporter activity in Box a or b of Activity 2.  If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
	Activity No. 3, Treater, Storer, Disposer, has been indicated.  Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application.  If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
6)	Certification is insufficient.  Please provide an <u>original</u> signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
7)	Installation Contact is incomplete.  Please provide the contact person's name, job title, and phone number.
8)	Installation Contact Address is Incomplete.
9)	Description of Regulated Wastes is incomplete.  Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.

10)	There is an existing EPA Identification Number for the stated installation at the location address you have specified.  To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
11)	You have submitted a Subsequent Notification form.  Please provide us with a brief explanation of the requested changes.
12) _ /	Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.
13)	Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to
•	
	The above named facility is in the same building/complex.  Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.
	The above named facility is the previous owner of the property or prior business.  List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.
*	The above named facility is the previous operator at this location.
* •	Other. Please explain
<b>5</b> .	

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Please refer to the Instructions

10:1: Illing Notification before
constaining this form. The
information requested here is
required by law (Section 3010
of the Resource Conservation
and Recovery Act).

& EPA

### Notification of Regulated Waste Activity

Date Received (For Official Use Only)

NOV 16 REC'D

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate be	ox)	Marie Control	12					
A. First Notification B. Subsequent Notification		1 1	C. install	ation's I	EPA ID N	lumber	П	
(complete item C)	Jacob Mark							
II. Name of Installation (Include company and specific site na	me)		·					
HERR FOODS INC				USP)	194			
III. Location of Installation (Physical address not P.O. Box or	Route Numb	er)	1				100	7 × 14
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IV. Installation Mailing Address (See Instructions)		Sept 1	Jan. 1985		May.			
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City or Town		State	ZIP Code		4			
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		A 11 1						
V. Installation Contact (Person to be contacted regarding wa	cto activities	at cital						
V. Installation Contact (Person to be contacted regarding wa		at site)						
V. Installation Contact (Person to be contacted regarding wa	ste activities (first)	at site)						
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NOV 16 RECT ID - For Official Use Only VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.) A. Hazardous Waste Activity B. Used Oil Fuel Activities 1. Generator (See Instructions) 3. Treater, Storer, Disposer (at Installation) 1. Off-Specification Used Oil Fuel Note: A permit is required for a. Generator Marketing to Burner a. Greater than 1000kg/mo (2,200 lbs.) this activity; see instructions. b. 100 to 1000 kg/mo (220 - 2,200 lbs.) Other Markerer 4-Hazardous Waste Fuel c. Less than 100 kg/mo (220 lbs.) Burner - indicate device(s) -Generator Marketing to Burner Type of Combustion Device 2. Transporter (Indicate Mode in boxes 1-5 below) Other Marketers 1. Utility Boiler For own waste only Burner - indicate device(s) -2. Industrial Boiler b. For commercial purposes Type of Combustion Device Mode of Transportation 1. Utility Boiler Industrial Furnace 2. Industrial Boiler 2. Rail Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims 3. Highway 5. Underground Injection Control the Oil Meets the Specification 4. Water 5. Other - specify IX. Description of Regulated Wastes (Use additional sheets if necessary) A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) (D001) (D002) (D003) (D000) B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.) 1 2 3 5 6 7 8 9 10 11 12 C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.) 2 3 5 6 X. Certification I certify under penalty of law that i have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the Information, I believe that the submitted Information Is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. Signature Name and Official Title (type or print) Date Signed XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



November 25, 1992

Betsy Lopez US EPA Region II Air & Waste Management 26 Federal Plaza, Rm 1006E New York, NY 10278

Dear Betsy:

TTI Environmental, Inc. has informed me that you have not yet received the Notification of Regulated Waste Activity Form. This form was signed, dated, and mailed on November 9, 1992. In order to expedite the waste removal activity, I have signed and dated our copy a second time.

If you should have any questions call me at 215-932-9330.

Thank You!

Steve Moran

Plant Engineer

SM: ltw

Ple\_refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act) and Recovery Act).



## Notification of PA Regulated Waste Activity United States Environmental Protection Agency

Date Received

(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' In the appropriate bo	ox)				DA ID N			
A. First Notification  B. Subsequent Notification	The second	П	C. Installa	tion's E	I I	mber		
(complete item C)	mal 10			307 6070	of the To		لسلسا	-
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III. Location of Installation (Physical address not P.O. Box or	Route Numbe	er)						
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IV. Installation Mailing Address (See Instructions)			• • •		and the			
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City or Town		State	ZIP Code	e .				1
NOTTINGHAM		PA	119	36.	4 -			
V. Installation Contact (Person to be contacted regarding wa	ste activities	at site)						
Name (last)	(first)			•	4			
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Job Title	Phone Nur	mber (are	ea code an	d numbe	er)			
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VII. Ownership (See instructions)		State	ZIP Cod	le				
VII. Ownership (See instructions)		State	ZIP Cod	le				
VII. Ownership (See instructions)  A. Name of Installation's Legal Owner		State	ZIP Cod	le				
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VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  Street, P.O. Box, or Route Number  City or Town		State	ZIP Coo	de	(D. Month			/ear

	IU - For Uticial Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes.	A SECULAR SECU
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Disposer (at Note: A permit is required for this activity; see instructions 4 Hazardous Waste Fuel a. Generator Marketing to b. Other Marketers c. Burner - indicate device Type of Combustion Demonstration 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 4. Water 5. Other - specify	a. Generator Marketing to Burner b. Other Markerer  c. Burner - indicate device(s) - Type of Combustion Device  1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace
IX. Description of Regulated Wastes (Use additional sheets if necessary)	是一点"VEALITY AND
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)	nding to the characteristics of nonlisted hazardous
1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic	dous waste number(s) for the EP Toxic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need	to list more than 12 waste codes.)
1     2       7     8       9     10	5 6 11 12 12 12 12 12 12 12 12 12 12 12 12
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)	
1 2 3 4	5 6
X. Certification	
I certify under penalty of law that I have personally examined and am fa and all attached documents, and that based on my inquiry of thos obtaining the information, I believe that the submitted information is that there are significant penalties for submitting false information imprisonment.	se Individuals Immediately responsible for strue, accurate, and complete. I am aware
Signature Name and Official Title (type or print  STEVE MORAN PIANT	
X SULVE / MORAN PLANT	T ENGINEER 11/9/92
XI. Comments	
Dille Moran STEVE MORAN	11/25/92
	/ /
.  Note: Mail completed form to the appropriate EPA Regional or State Office. (See S	Section III of the booklet for addresses.)

Corporate Office
Evesham Corporate Center • 4 East Stow Road • Mariton, New Jersey 08053-3150
TEL (609) 985-8800 • FAX (609) 985-9200
1-800-228-8018

December 10, 1992

EPA-Region II Air and Waste Management 26 Federal Plaza Room 1006E New York, NY 10278

Attn:

Ms. Betsy Lopez, CSC

Re:

EPA ID Numbers J&J Snack Foods

Greenwich Township School

Ris Paper Company Herr Foods, Inc.

Dear Ms. Lopez:

Attached please find the corrected EPA Notification forms for the referenced facilities. These EPA numbers are needed for drums of gasoline refuse from Underground Storage Tank Cleaning prior to disposal. These facility ID numbers will basically be used for a "one time" disposal. Drums have been at two of these sites since mid summer.

If the EPA could expedite the issuance of the facility ID numbers, TTI would greatly appreciate it.

If you have any more questions or concerns, please do not hesitate to contact me at 1-800-228-8018.

Sincerely,

TTI Environmental, Inc.

Bryan I. Smick

Environmental Project Manager